

and
All Payors Database
Updated 4/20/10

History - What is the cHIE?

In 2004, Utah began to develop the clinical health information exchange (cHIE) to support health care reform. The goal of the Utah cHIE initiative is to ‘connect all the dots’, that is to operate a secure electronic clinical health information exchange network whereby a Utah health care provider can, with patient permission, access basic medical information about their patients no matter where the patient receives care in Utah. Health care providers are not required to participate but **may choose** the option to participate in the cHIE. **Patients and consumers may choose not to participate** and may request that their health information not be accessed through the cHIE.

Status:

Utah’s has a history of statewide cooperation and regional sharing, executive leadership and legislative reforms, and relatively high penetration of Electronic Health Records (EHR) and Hospital Information Management Systems (HIMS). This has enabled market-driven HIE. Our major health systems, such as Intermountain Healthcare, have invested years building their HIT systems. These efforts are supported by experts from the University of Utah, Department of Biomedical Informatics. Multiple efforts undertaken to assist outpatient practices in adoption and effective use of EHR systems have produced EHR adoption rates much higher than the national average

Since 1993, Utah has benefited from a successful, non-profit, self-sustaining administrative health information exchange - the Utah Health Information Network (UHIN). The cHIE, operated by UHIN, is in its initial implementation stage by completing work on six clinical standards and is working on the development of an additional five clinical standards. UHIN has been administering pilot projects in two rural communities using these standards. The Moab area is exchanging lab results from Allen Memorial Hospital. Central Utah Clinic has loaded 2 years worth of lab results into their data repository.

Hospital connectivity is key to the growth and use of the cHIE by individual providers. UHIN is announcing an official ‘kick-off’ event on May 10 with the Governor signing a declaration naming that day “Utah Healthcare Connectivity Day”. This initial phase includes Allen Memorial Hospital, Brigham City Community Hospital, Bear River Hospital, Beaver Valley Hospital, Central Valley Medical Center, Gunnison Valley Hospital, IAISIS Healthcare Corporation, Logan Regional Hospital, Milford Valley Memorial Hospital, Nephi Medical Center, Uintah Basin Hospital, University Hospital and the Department of Health.

All Payors Data Base - History

On July 8, 2008 the Utah Health Data Committee unanimously approved a health data plan outlining the creation of an All Payors Database (APD). Funding for the APD was provided via House Bill 133, Health Care Reform (2008). Other states have APDs; however, **Utah is now the first state in the country to have an APD that can analyze episodes of care (EOC) derived from statewide – cross payer – health insurance claims.**

The Utah APD provides the capability of reporting:

- **Medically**, what happened? (by EOC)
- When and where did it happen?
- How much did it cost?
- Who paid for what (including healthcare consumer out of pocket costs)?
- Which costs were not covered? (including denied claims)
- What other influences impact outcome (disease burden, co-morbidities, demographics, environmental issues, access to specialists, etc.)?
- What impact does preventive care or lack thereof, have on outcome?
- Were relevant standards of care met?
- How do healthcare consumers migrate between commercial plans; between commercial and public plans?

Status: Where the Utah APD stands today

\$1,847,869,396 - Utah Health Care Dollars Represented in the Utah APD

1,079,270 - Unique Utah lives identified, linked and grouped (~ 1,700,000 lives represented after integration of Medicaid enrollment, anticipated January 2010)

48,567,000- Medical Claims processed and parsed in the APP primary data warehouse

67,989,000 - Pharmacy Claims process and parsed in the APD primary data warehouse

Payer (Insurance Company) Participation – Most of the payers have been of tremendous support throughout the APD development and implementation process. All payers have complied with the Department procedures and policies. Some of the smaller companies have struggled and have been granted short extensions in accordance with rules. Work with third party administrators (TPAs) continues.

Policy Issues

The Utah APD houses valuable information that will help to answer questions regarding health care costs and the role those costs have in the practice of medicine and health care overall. The Department in partnership with the Health Data Committee (a citizen committee with statutory authority to manage and direct the APD) must continue to work with stakeholders to assure that the fundamental questions of determining health care costs are addressed while protecting patient and business information. The Department looks forward to working with the Legislature, business and health care stakeholders both public and private to assure these purposes are protected.